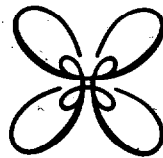


ORIGINAL

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ADDRESS

PREPARED FOR
C. EVERETT KOOP, M.D.
SURGEON GENERAL
U.S. PUBLIC HEALTH SERVICE
AND
DEPUTY ASSISTANT SECRETARY
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED BY
ASSISTANT SURGEON GENERAL JOHN DUFFY, M.D.
TO THE
FIRST INTERNATIONAL CONFERENCE ON CONTINUING MEDICAL EDUCATION
PALM SPRINGS, CALIFORNIA
NOVEMBER 30, 1986

(GREETINGS TO HOSTS, GUESTS, ETC.)

I BRING YOU GREETINGS FROM OUR SURGEON GENERAL, DR. C. EVERETT KOOP, AND I ALSO WISH TO RELAY HIS EXPRESSIONS OF DEEP REGRET THAT HE COULD NOT BE WITH YOU TODAY. AS YOU KNOW, DR. KOOP RECENTLY UNDERWENT A DELICATE BUT SUCCESSFUL LAMINECTOMY AND IS NOW RECUPERATING AT HOME.

I ALSO WANT TO CONVEY DR. KOOP'S CONGRATULATIONS TO THE DISTINGUISHED COMMITTEE OF INTERNATIONAL SCHOLARS WHO PLANNED THIS CONFERENCE. THE SESSIONS ARE SPECIFIC AND IMPORTANT AND WILL NO DOUBT YIELD VALUABLE INFORMATION AND INSIGHTS FOR EVERYONE ATTENDING.

DR. KOOP AND I TALKED ABOUT THIS MEETING BEFORE HE WENT INTO SURGERY, SO I WILL BE PRESENTING TO YOU THIS MORNING NOT ONLY GREETINGS FROM SURGEON GENERAL KOOP, BUT HIS THOUGHTS ON CONTINUING MEDICAL EDUCATION AS WELL.

OUR PRINCIPAL PURPOSE THIS MORNING WILL BE TO EXPLORE WHAT MIGHT BE THE CONTEXT OF THIS IMPORTANT FIRST INTERNATIONAL CONFERENCE ON CONTINUING MEDICAL EDUCATION. WHAT IS IT THAT'S GOING ON IN MEDICINE AND IN PUBLIC HEALTH THAT SHOULD REQUIRE AN INVIGORATED PROGRAM OF C.M.E.?

IT'S TRUE, OF COURSE, THAT EDUCATION IS A GOOD THING ALL BY ITSELF. AND THE GOAL OF AN EDUCATION MAY BE NOTHING MORE THAN...THAT IT BE ACHIEVED.

BUT THAT'S NOT ON OUR AGENDA. ENRICHMENT...IDLE CURIOSITY...A WELL-ROUNDED PERSONALITY...THESE OBJECTIVES ARE ALL WELL AND GOOD. BUT THEY DON'T APPEAR TO BE OURS.

AND, TO BE QUITE CANDID, SUCH EPICUREAN GOALS MAY NOT BE SUFFICIENT MOTIVATION FOR MOST PHYSICIANS TO SWAP THEIR WHITE COATS AND TONGUE DEPRESSORS FOR BLUE BLAZERS AND BOOK-BAGS.

ACTUALLY, WE SEE THE GOAL OF C.M.E. AS TIED VERY MUCH TO THE REAL WORLD OF PRACTICE. IT IS RATHER SUCCINCTLY SPELLED OUT IN THE WORKING TITLE OF THIS CONFERENCE: TO "IMPROVE MEDICAL AND HEALTH CARE." NOTHING FANCY THERE.

BUT WITHIN THAT INNOCENT LITTLE TITLE ARE TWO BASIC -- AND BASICALLY CORRECT -- ASSUMPTIONS:

THE FIRST IS THAT THE MEDICAL AND HEALTH CARE WE NOW DELIVER CAN BE IMPROVED...IT CAN BE MADE BETTER THROUGH THE ABSORPTION OF NEW AND CURRENT KNOWLEDGE...

AND THE SECOND ASSUMPTION IS THAT WE CAN PROVIDE MUCH BETTER HEALTH CARE IN THE FUTURE, WITH THE HELP OF PERTINENT, NEW KNOWLEDGE TRANSMITTED IN AN ORGANIZED WAY THROUGH C.M.E.

WE'LL LOOK MORE CLOSELY AT BOTH ASSUMPTIONS IN ORDER TO COME UP WITH THE POSSIBLE CONTEXT FOR THE C.M.E. DISCUSSIONS THIS WEEK.

NOW, WHAT OF THAT FIRST ASSUMPTION...THE ONE THAT SAYS WE CAN IMPROVE THE MEDICAL CARE BEING DELIVERED TODAY?

TODAY WE ARE HEIRS TO A REMARKABLE PARADE OF NEW PRODUCTS, NEW KNOWLEDGE, AND NEW TECHNOLOGIES THAT HAVE EMERGED AFTER SOME TWO DECADES IN RESEARCH AND DEVELOPMENT.

NEW DRUGS, NEW DEVICES, NEW ARRANGEMENTS OF PERSONNEL, NEW PROCEDURES...ALL HAVE BEEN INTRODUCED, ONE AFTER THE OTHER.

WE'VE BARELY HAD TIME TO CATCH OUR BREATH OVER ONE DEVELOPMENT ...THE CAT SCAN, FOR EXAMPLE...BEFORE WE ARE INTRODUCED TO ANOTHER... AN IMPLANTABLE INSULIN PUMP OR A MEASLES VACCINE.

TODAY'S PRACTITIONER MUST AT LEAST UNDERSTAND -- IF NOT NECESSARILY PRACTICE -- THE TECHNOLOGIES OF ORGAN TRANSPLANTATION, TOTAL PARENTERAL NUTRITION, MONOCLONAL ANTIBODIES, AND MAGNETIC RESONANCE IMAGING.

THESE RESULTS OF OUR EXTRAORDINARY BIOMEDICAL R & D ENTERPRISE COLLECTIVELY DEFINE WHAT WE COMMONLY CALL "CONTEMPORARY MEDICAL PRACTICE." IT MAY NOT BE AN ACCURATE DEFINITION OF THIS OR THAT INDIVIDUAL'S MEDICAL PRACTICE IN PARTICULAR, NOR MAY IT EVEN REFLECT THE ROUTINE EXPERIENCE OF CLINICIANS GENERALLY.

BUT THAT'S QUIBBLING. THE FACT IS THAT THE APPEAL OF MEDICINE... SOCIETY'S FAITH IN MEDICINE...AND THE WILLINGNESS OF THE PUBLIC TO PAY HANDSOMELY FOR MEDICINE...ALL ARE BASED NOT ON THE WELL-PUBLICIZED, HIGH-TECH SKILLS OF WHAT IS PURPORTEDLY THE CONTEMPORARY PRACTICE OF MEDICINE AND PUBLIC HEALTH.

HOWEVER, THAT CONTEMPORARY, PROGRESSIVE LOOK OF MEDICINE IS NOT ONLY A GLORIOUS LIGHT TO BASK IN...IT'S ALSO A GLARING LIGHT TO BE EXAMINED UNDER.

THE ISSUE FOR EACH PRACTITIONER, THEN, IS TO FIND THE MOST EFFECTIVE WAY TO MOVE BACK AND FORTH FROM ONE CIRCLE OF LIGHT TO THE OTHER, WITHOUT LOSING ONE'S WAY AND WITHOUT CRASHING INTO THE FURNITURE.

THE PRACTICING PHYSICIAN'S BEST RESOURCE TO HELP HIM OR HER NEGOTIATE THAT SHADOWY PASSAGE BETWEEN THE SPOTLIGHT OF PUBLICITY AND THE SEARCHLIGHT OF PROFESSIONAL ACCOUNTABILITY IS...CONTINUING MEDICAL EDUCATION.

THIS CHALLENGE IS NOT EXCLUSIVE TO THE PHYSICIANS OF ONE OR ANOTHER COUNTRY. IT EXISTS THE WORLD OVER. PHYSICIANS IN THE DEVELOPED COUNTRIES, SUCH AS THE UNITED STATES OR GREAT BRITAIN, NEED C.M.E. TO ENSURE THAT THEIR PRACTICE REFLECTS WHAT THE PUBLIC GENERALLY UNDERSTANDS TO BE STANDARD, CONTEMPORARY MEDICINE.

AND THE SAME IS TRUE FOR PHYSICIANS IN THE DEVELOPING NATIONS ACROSS THREE CONTINENTS. THEY ALSO NEED TO BE UPDATED ON NEW DRUG THERAPIES, NEW DIAGNOSTICS, AND NEW TECHNOLOGIES...EVERYTHING FROM RESPIRATOR DEPENDENCE TO LUMPECTOMIES...FOR ALL OF THESE THINGS ARE ENTERING THEIR CLINICAL PRACTICES AS WELL.

THE ONLY DIFFERENCE -- ALBEIT A SIGNIFICANT ONE -- SEEMS TO BE THE RATE OF SPEED AT WHICH THEY ENTER.

THIS IS NOT A CHALLENGE WE CAN SIMPLY PASS ALONG TO OUR MEDICAL SCHOOLS. THE TASK OF CHANGING INDIVIDUAL BEHAVIOR IS A MUCH EASIER AND CERTAINLY MUCH QUICKER TASK TO ACCOMPLISH THAN THE TASK OF CHANGING INSTITUTIONAL BEHAVIOR.

MEDICAL SCHOOLS ARE NOT ORGANIZED FOR MAXIMUM FLEXIBILITY...AND I SUSPECT THAT'S EXACTLY WHAT WE PREFER.

BUT C.M.E. IS AN INSTRUMENT THAT IS BOTH FLEXIBLE AND ADJUSTABLE. IT CAN BECOME THE MOST COST-EFFECTIVE AND TIME-EFFECTIVE MECHANISM FOR KEEPING THE COMMUNITY OF PHYSICIANS UP TO DATE ON DEVELOPMENTS IN THEIR OWN PROFESSION.

IN THE CONTEXT, THEN, OF AN EVOLVING PROFESSION -- ONE THAT IS CHALLENGED BY THE VERY DYNAMICS OF ITS OWN EVOLUTION -- WE CAN SEE THAT C.M.E. MAY BE OUR BEST WAY FOR MAKING SURE THAT TODAY'S MEDICAL AND HEALTH CARE WILL, IN FACT, BE IMPROVED.

SO MUCH FOR THAT FIRST ASSUMPTION. BUT WHAT OF THE SECOND ASSUMPTION...THE ONE THAT SAYS C.M.E. IS ALSO OUR BEST METHOD FOR ADJUSTING TO THE FUTURE OF MEDICAL PRACTICE AS WELL? HERE AGAIN, IT IS WELL TO EXAMINE THE REAL-WORLD CONTEXT OF OUR DISCUSSION.

AND THE CONTEXT NOW BECOMES QUITE DIFFERENT FROM WHAT WE'VE BEEN DESCRIBING SO FAR.

IT MIGHT BE FAIR TO SAY THAT MOST OF THE NEW DEVELOPMENTS BEING INCORPORATED INTO PROGRESSIVE, CONTEMPORARY MEDICAL PRACTICE SIGNIFICANTLY IMPROVE THE QUALITY OF CURATIVE, REPARATIVE, AND REHABILITATIVE MEDICINE IN OUR SOCIETY.

BUT THERE IS MUCH EVIDENCE TO INDICATE THAT THE FUTURE OF MEDICAL PRACTICE IN OUR COUNTRY AND IN COUNTRIES AROUND THE WORLD WILL NOT REST WITH CURATIVE, REPARATIVE, AND REHABILITATIVE MEDICINE BUT RATHER IT WILL REST WITH PREVENTIVE MEDICINE.

WHAT'S OUR EVIDENCE FOR THIS?

FIRST OF ALL, WE ALREADY SEE THAT A SUBSTANTIAL PART OF EVERYDAY CLINICAL PRACTICE IS DEVOTED NOT TO "MAKING THE PATIENT BETTER" BUT RATHER TO "KEEPING THE PATIENT WELL." MORE AND MORE PATIENT ENCOUNTERS ARE NOW TAKEN UP WITH RECOMMENDATIONS FOR ROUTINE EXERCISE, IMPROVED DIET, STRESS MANAGEMENT, REDUCTION OF ALCOHOL INTAKE, AND SO ON.

IN FACT, THE MAJOR ISSUES FACING THE PUBLIC HEALTH SERVICE OVER THE PAST FEW YEARS HAVE NOT FIT VERY WELL WITH THE TRADITIONAL VIEW OF MEDICINE...THE CURATIVE VIEW. AND THESE THREE ISSUES MAY VERY LIKELY BE OUR BELWETHERS FOR THE FUTURE.

THE FIRST ISSUE IS SMOKING. CIGARETTE SMOKING IS THE LEADING CAUSE OF LUNG CANCER AND A MAJOR CONTRIBUTING CAUSE OF HEART DISEASE, STROKE, AND A VARIETY OF OTHER DISEASES OF THE CARDIOVASCULAR AND GASTROINTESTINAL SYSTEMS.

SMOKING IS EITHER THE PRIMARY CAUSE OR THE MAJOR CONTRIBUTING CAUSE OF 340,000 PREMATURE DEATHS EACH YEAR IN THE UNITED STATES ALONE. WE HAVE NO COMPARABLY RELIABLE FIGURES FROM OTHER COUNTRIES WHERE PER CAPITA CIGARETTE CONSUMPTION IS HIGH, BUT WE COULD SAFELY ESTIMATE THAT THE NUMBER OF PREMATURE, SMOKING-RELATED DEATHS EACH YEAR WORLDWIDE COULD EASILY BE IN EXCESS OF 5 MILLION.

THE DAMNING EVIDENCE BEHIND SUCH AN ESTIMATE -- SOME 50,000 STUDIES INVOLVING THE SMOKING EXPERIENCE IN MORE THAN 30 COUNTRIES AROUND THE WORLD -- IS NOW SIMPLY IRREFUTABLE.

IF YOU HAVE A SINGLE DOUBT ABOUT THE ANTI-SMOKING DATA, IT MUST BE BECAUSE YOU YOURSELF ARE ADDICTED TO SMOKING OR BECAUSE YOU ARE CONCERNED ABOUT THE COLLAPSE OF A TOBACCO-BASED ECONOMY. OR BOTH. AND ONE CAN UNDERSTAND SUCH DOUBTS OR MISGIVINGS.

BUT AS FOR THE SCIENTIFIC BASIS BEHIND THE ANTI-SMOKING CAMPAIGN ...YOU CAN'T HAVE DOUBTS ABOUT THAT AND STILL CALL YOURSELF A MAN OR WOMAN OF SCIENCE:

THE SCIENTIFIC CASE AGAINST SMOKING HAS BEEN MADE. IT IS VOLUMINOUS...AND IT IS CLEAR.

THE DISEASES CAUSED BY SMOKING ARE, OF COURSE, IRREVERSIBLE. THERE IS NO CURE FOR HEART DISEASE...NO CURE FOR STROKE...NO CURE EMPHYSEMA...NO CURE FOR LUNG CANCER, ORAL CANCER, OR ESOPHAGEAL CANCER. INSTEAD, WE CAN ONLY PREVENT THESE DISEASES FROM OCCURRING BY ELIMINATING SMOKING.

THAT'S A MEDICAL PROBLEM...A BIOBEHAVIORAL PROBLEM...A PROBLEM FOR EVERY CLINICIAN.

TWO YEARS AGO SURGEON GENERAL KOOP ISSUED A CALL FOR THE UNITED STATES TO BECOME A "SMOKE-FREE SOCIETY BY THE YEAR 2000." THE RESPONSE HAS BEEN EXTRAORDINARY, NOT ONLY IN THIS COUNTRY BUT AROUND THE WORLD AND HE HAS TAKEN PART IN -- OR HAS ADVISED ON -- THE LAUNCHING OF SIMILAR NATIONAL CAMPAIGNS IN GREAT BRITAIN, ISRAEL, ITALY, AND THAILAND.

WE WOULD LIKE TO SAY CATEGORICALLY THAT, WITHIN THE NEXT 14 YEARS, THE UNITED STATES WILL INDEED BECOME "SMOKE-FREE." BUT WE ARE FIGHTING A VERY FORMIDABLE ADVERSARY: THE CIGARETTE INDUSTRY. THE INDUSTRY IS NOT GIVING UP WITHOUT A FIGHT.

THE INDUSTRY IS FIRING ITS HEAVIEST MARKETING GUNS AT TWO SIGNIFICANT MARKETS: YOUNG PEOPLE AND MINORITIES.

WE CONDEMN ITS BEHAVIOR. WE DO NOT BELIEVE THAT MILLIONS OF OUR CITIZENS SHOULD BE PUT AT MORTAL RISK, IN ORDER TO MAINTAIN A FAVORABLE PROFIT-AND-LOSS SHEET FOR THE TOBACCO INDUSTRY.

WILL WE "SMOKE-FREE" BY THE YEAR 2000? MAYBE NOT COMPLETELY. MAYBE ONLY SUBSTANTIALLY SMOKE-FREE SOCIETY.

ALL OF WHICH MEANS THAT THE JOB OF PREVENTING PEOPLE FROM SMOKING WILL REMAIN AN INTEGRAL PART OF CLINICAL PRACTICE WELL INTO THE 21ST CENTURY.

THE ROLE OF C.M.E. IN THIS ISSUE IS CLEAR ENOUGH:

PHYSICIANS IN THE FUTURE WILL NEED TO BE EDUCATED ON THE PREVALENCE AND THE SERIOUSNESS OF SMOKING AND BE COUNSELED ON THE MOST EFFECTIVE WAYS TO CONFRONT SMOKING IN CLINICAL MEDICINE, WITH SPECIAL ATTENTION TO THE NEEDS OF WOMEN, YOUNG PEOPLE, AND MINORITIES.

BUT WHAT WE'RE SAYING ABOUT SMOKING IS WHAT WE WOULD ALSO SAY ABOUT DRUG ABUSE, ALCOHOLISM, OBESITY, HIGHWAY TRAUMA, AND MOST OCCUPATIONAL DISEASES AND DISABLING CONDITIONS. THERE IS NO HANDY CURE AVAILABLE FOR ANY OF THESE. BUT ALL ARE CANDIDATES FOR PREVENTION.

PREVENTION, OF COURSE, IS A LEARNED BEHAVIOR...TO BE TAUGHT BY THE MEDICAL AND PUBLIC HEALTH PRACTITIONERS TODAY AND WELL INTO THE FUTURE. BUT THE PREVENTION CONCEPT IS ONLY GRADUALLY BEING ABSORBED INTO THE CURRICULA OF MEDICAL SCHOOLS AROUND THE WORLD. AND IT IS NOT CLEAR TO WHAT EXTENT FORMAL MEDICAL EDUCATION CAN DEAL WITH PREVENTION.

THERE ARE MANY REASONS FOR THIS, BUT ONE OF THEM MAY SIMPLY BE THE FACT THAT THE MOST EFFECTIVE STRATEGIES IN PREVENTION TEND TO BE MULTI-DISCIPLINARY...COMBINING BEHAVIORAL AND PHYSICAL MEDICINE...OR PHYSICAL MEDICINE WITH NUTRITION...OR FAMILY MEDICINE WITH MENTAL HEALTH...OR PEDIATRIC MEDICINE WITH PUBLIC EDUCATION.

FOR THIS KIND OF NON-TRADITIONAL INFORMATION, OUR BEST MEANS OF TRANSMISSION HAS BEEN -- AND WILL SURELY BE IN THE FUUTRE -- CONTINUING MEDICAL EDUCATION. WITH THE ASSISTANCE OF STRONG BUT FLEXIBLE PROGRAMS OF C.M.E. IT WILL BE POSSIBLE FOR OUR SOCIETY TO BE SERVED BY CLINICIANS WHO PRACTICE PREVENTIVE AS WELL AS CURATIVE AND REPARATIVE MEDICINE.

BUT OTHER CHANGES IN MEDICAL PRACTICE ARE GOING ON AS WELL. THE NEXT EXAMPLE IS THE MYSTERIOUS DISEASE CALLED AIDS.

I WON'T GO INTO THE DETAILS OF THIS PARTICULAR CHALLENGE TO SCIENCE, MEDICINE, AND PUBLIC HEALTH. I'M SURE THE DETAILS ARE QUITE WELL-KNOWN TO EVERYONE HERE.

RATHER, LET'S LOOK AT AIDS FROM THE POINT OF VIEW OF WHAT IT HAS REVEALED IN GENERAL ABOUT OUR CAPACITY TO RESPOND TO NEW AND UNKNOWN THREATS TO THE PUBLIC HEALTH.

FIRST, THE AIDS ISSUE HAS RAISED A LOT OF QUESTIONS ABOUT ACCESSIBILITY IN OUR COUNTRY...ACCESSIBILITY BOTH WAYS.

FOR EXAMPLE, WHEN THE AIDS CASES WERE FIRST REPORTED BACK IN 1981, THE U.S. PUBLIC HEALTH SERVICE WANTED TO PUT TOGETHER INFORMATION ABOUT THE DISEASE AND GET IT INTO THE HANDS OF HOMOSEXUAL AND BISEXUAL MEN, THE PRIMARY HIGH-RISK GROUP.

BUT THE TRADITIONAL AND ROUTINE CHANNELS FOR PUBLIC HEALTH INFORMATION WERE NOT ADEQUATE TO THE TASK. AS A RESULT, WE SPENT MUCH VALUABLE TIME AND RESOURCES DISCOVERING NEW AND EFFECTIVE WAYS TO GAIN ACCESS TO THAT AND OTHER AFFECTED, HIGH-RISK POPULATIONS.

AT THE SAME TIME, WE DISCOVERED THAT THEIR ACCESS TO INFORMATION AND MEDICAL CARE WAS, ITSELF, ALSO LIMITED. BUT CORRECTING THAT SIUTATION HAS NOT BEEN SO AMENABLE TO EFFORTS BY GOVERNMENT AND OTHERS.

IT COULD HAVE BEEN -- BUT IT WAS NOT -- OUR FINEST HOUR.

THERE ARE MANY THINGS WE STILL HAVE TO LEARN ABOUT DOCTOR-PATIENT RELATIONS AND PATIENT CARE...THINGS WE THOUGHT WE KNEW BUT WHICH PROVED NOT TO BE TRUE OR NOT TO BE PERTINENT.

WE ALSO NEED TO LEARN HOW SMALL A WORLD THIS IS. THE FIRST REPORTS OF AIDS, AFTER ALL, WERE GATHERED IN AFRICA AND IN HAITI. BUT THEY RAISED NO QUESTIONS AND NO ALARMS...NOT EVEN IN THOSE COUNTRIES WHICH, IRONICALLY, HAVE THE MOST HIGH-RISK INDIVIDUALS. THEY SHOULD HAVE...BUT THEY DIDN'T.

UNFORTUNATELY MANY NATIONS -- MAYBE MOST NATIONS -- SHARE THIS INCLINATION TOWARDS ISOLATION. IT MAY BE CULTURAL...IT MAY BE HISTORIC...IT MAY BE DEFENSIVE. BUT IT IS NOT HELPFUL.

HOW CAN AN ENLIGHTENED MEDICAL AND SCIENTIFIC COMMUNITY COMBAT THIS KIND OF ISOLATIONISM? THE ANSWER: WITH INFORMATION AND EDUCATION ...ESPECIALLY WITH EDUCATION...AND ESPECIALLY WITH CONTINUING MEDICAL EDUCATION.

MY FINAL EXAMPLE OF WHAT THE FUTURE CONTEXT OF CLINICAL PRACTICE MIGHT BE IS A FAIRLY NEW ISSUE IN AMERICAN PUBLIC HEALTH. IT IS DOMESTIC VIOLENCE.

THIS IS A PROFOUNDLY UGLY ISSUE, LEAVING IN ITS AN ESTIMATED 4 MILLION VICTIMS. THEY ARE MAINLY WOMEN AND SMALL CHILDREN AND OLD PEOPLE, THE MOST VULNERABLE MEMBERS OF OUR SOCIETY.

THEY ARE ASSAULTED AND BEATEN...THEY ARE TERRORIZED...THEY ARE RAPED AND KILLED...FREQUENTLY BY THE PEOPLE THEY LOVE, OR THINK THEY LOVE.

AND IT HAPPENS MOST OFTEN WITHIN THE PRIVACY OF THEIR OWN HOMES.

VIOLENCE, ESPECIALLY DOMESTIC VIOLENCE, HAS AN ENORMOUS IMPACT UPON THE PHYSICAL, PSYCHOLOGICAL, AND EMOTIONAL HEALTH OF OUR CITIZENS.

IN LIGHT OF THIS, SURGEON GENERAL KOOP LAST YEAR CONCLUDED THAT VIOLENCE WAS IN FACT A PUBLIC HEALTH PROBLEM...A PROBLEM THAT COULD NOT BE SOLVED BY THE CRIMINAL JUSTICE SYSTEM ALONE...A PROBLEM, RATHER, THAT REQUIRED THE PROFESSIONAL ATTENTION OF PHYSICIANS, NURSES, PSYCHOLOGISTS, AND SOCIAL WORKERS, IN ADDITION TO THE POLICE AND THE COURTS OF LAW.

THE PUBLIC HEALTH SERVICE IS NOW IN THE PROCESS OF HELPING THE MEDICAL AND HEALTH PROFESSIONS TO UNDERSTAND THE ISSUE...TO SEE HOW THEY ARE AFFECTED BY -- AND IN TURN CAN AFFECT -- THE ISSUE...AND TO EDUCATE THEIR MEMBERS TO PLAY SUCH A ROLE.

VIOLENCE IS NOT A PHENOMENON EXCLUSIVE TO ANY ONE SOCIAL OR ECONOMIC OR RACIAL OR ETHNIC GROUP. VIOLENCE IS A DEPRESSINGLY HUMAN PHENOMENON...AND ALL HUMAN BEINGS -- NORTH AMERICANS, EUROPEANS, ASIANS, AFRICANS, AND LATIN AMERICANS -- ARE EQUALLY SUSCEPTIBLE.

VIOLENCE, HOWEVER, IS ONE OF SEVERAL NEW ISSUES THAT WILL SURELY BECOME MORE PROMINENT IN MEDICAL AND HEALTH CARE IN THE FUTURE. THEY ARE HEALTH ISSUES THAT SPRING FROM DYSFUNCTIONING PERSON-TO-PERSON RELATIONSHIPS...PERSON-TO-ENVIRONMENT RELATIONSHIPS...AND PERSON-TO-COMMUNITY RELATIONSHIPS.

TO VIOLENCE WE MIGHT ADD THE SIMILAR ISSUES, SUCH AS ECONOMIC OR SEXUAL EXPLOITATION...TOXIC WASTES...AND FAMILY REORGANIZATION AND DYSFUNCTION.

THESE ARE ALL MULTI-LAYERED ISSUES CONFRONTING MODERN SOCIETY THE WORLD OVER.

THEY ARE ALSO ISSUES WITH A SERIOUS MEDICAL OR HEALTH COMPONENT REQUIRING OUR PROFESSIONAL ATTENTION AND INVOLVEMENT.

AND THEY ARE ISSUES WHICH WON'T GO AWAY. THEY WILL STAY WITH US FOR A WHILE...AND OTHER ISSUES WILL SURELY JOIN THIS LIST.

WE WILL BE ASKED BY OUR FELLOW CITIZENS TO MAKE OUR SPECIAL CONTRIBUTION TO THE AMELIORATION OR ELIMINATION OF THESE CONDITIONS PECULIAR TO INDUSTRIALIZED OR TECHNOLOGICALLY ADVANCED SOCIETIES. AND WE WILL HAVE TO MAKE OUR CONTRIBUTION, AS RESPONSIBLE CITIZENS AS WELL AS RESPONSIBLE HEALTH WORKERS.

HERE AGAIN C.M.E. WILL BE OUR OUR MOST EFFECTIVE TOOL FOR PASSING ON TO OUR COLLEAGUES IMPORTANT NEW INFORMATION ABOUT THESE ISSUES AS THEY RISE, YEAST-LIKE, WITHIN OUR RESPECTIVE SOCIETIES.

CONTINUING MEDICAL EDUCATION, THEN, CAN BE MANY THINGS:

* IT CAN BE A MODEST BUT NEVERTHELESS HIGHLY EFFECTIVE METHOD FOR BRINGING ALL COLLEAGUES TOGETHER WITHIN THE PERIMETERS OF A SINGLE NATIONAL STANDARD OF PROFICIENCY FOR THE CONTEMPORARY PRACTICE OF MEDICINE.

IT IS CLEARLY IMPOSSIBLE FOR ALL MEDICAL SCHOOLS -- NATIONWIDE OR WORLDWIDE -- TO PREPARE THEIR STUDENTS TO MEET A SINGLE STANDARD OF PROFICIENCY. BUT IT IS POSSIBLE, THROUGH C.M.E., TO REQUIRE INDIVIDUAL GRADUATES AND PRACTITIONERS TO MEET A NATIONAL STANDARD.

* C.M.E. CAN ALSO BE AN EFFICIENT METHOD FOR TRANSMITTING INFORMATION ABOUT NEW MEDICAL TECHNOLOGIES TO ALL HEALTH PROFESSIONALS WHO, BY VIRTUE OF THEIR SPECIALTIES, HAVE A "NEED TO KNOW." THIS IMPROVES BOTH CONTEMPORARY AND FUTURE MEDICAL AND PUBLIC HEALTH PRACTICE.

* BUT C.M.E. IS ALSO THE BEST AVAILABLE METHOD TO INFORM THE PROFESSION OF NEW AND COMPLEX DEVELOPMENTS AFFECTING HEALTH AND MEDICAL CARE TOMORROW AND WELL INTO THE FUTURE. THESE MAY WELL BE REGARDED AS ESSENTIALLY NON-MEDICAL ISSUES, BUT THEY NEVERTHELESS REQUIRE OUR ATTENTION AND OUR PROFESSIONAL INVOLVEMENT.

THESE REMARKS WERE NOT MEANT TO BE SCHOLARLY AND EXHAUSTIVE. IT'S TOO EARLY IN THE MORNING FOR THAT. AND BESIDES, YOUR PROGRAM INCLUDES MANY HIGHLY QUALIFIED PEOPLE WHO WILL ATTEND TO MANY OF THESE THESE MATTERS IN MORE ILLUMINATING DETAIL.

OUR INTENT, INSTEAD, HAS BEEN TO PROVIDE A POSSIBLE CONTEXT FOR THE DISCUSSIONS THIS WEEK...A CONTEXT THAT REFLECTS SOME OF THE REAL CHALLENGES TO MEDICAL PRACTICE BOTH TODAY AND TOMORROW.

ONCE AGAIN, ON BEHALF OF SURGEON GENERAL KOOP...

I WANT TO CONGRATULATE THE ORGANIZERS OF THIS CONFERENCE FOR THE WONDERFUL JOB THEY'VE DONE...

I WANT TO WELCOME TO THESE DISCUSSIONS OUR FRIENDS AND COLLEAGUES FROM FOREIGN LANDS...

AND I WANT TO WISH YOU ALL A MOST SUCCESSFUL MEETING.
THANK YOU.

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